

# Barre Health District

## 2012 Behavioral Risk Factor Surveillance System Data

*Guidance • Support • Prevention • Protection*

VDH – Public Health Statistics  
May 2014

 VERMONT  
DEPARTMENT OF HEALTH

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## What is the Behavioral Risk Factor Surveillance System or BRFSS?

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey conducted annually among adults 18 and older. The Vermont BRFSS is conducted by the Vermont Department of Health (VDH) in collaboration with the Centers for Disease Control and Prevention (CDC). All U.S. states, Washington D.C. and several U.S. territories participate in the survey.

Typically between 6,000 and 7,000 Vermont adults are interviewed as part of the Vermont BRFSS each year. Vermont residents ages 18 and older are eligible for the survey. A Vermont resident is defined as someone living in the state for at least 30 days in a given calendar year. Adults living in institutions such as nursing homes, group homes, or prisons are not eligible for the survey.

The BRFSS survey includes questions on chronic disease prevalence (e.g. asthma diagnosis), risk behaviors (e.g. currently smoke), demographics (e.g. age, gender, race), health care access (e.g. have health insurance), and preventive behaviors and health screening (e.g. routine visits to a doctor or colorectal cancer screening).

Additional information can be found on the VDH and CDC websites:

- <http://healthvermont.gov/research/brfss.aspx>
- <http://www.cdc.gov/brfss/>

A report summarizing the 2012 statewide results from the Vermont BRFSS can also be found on the VDH website:

[http://healthvermont.gov/research/brfss/documents/summary\\_brfss\\_2012.pdf](http://healthvermont.gov/research/brfss/documents/summary_brfss_2012.pdf)

### Recent Changes to BRFSS Methodology

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. Population weights are now calculated using iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using smaller sample sizes, adjusts for more demographic variables, and incorporates cell phone interview data into estimates.

While these adjustments make the calculations more representative of the population, the changes in methodology also limit the ability to compare 2011 results to previous years. VDH’s Center for Health Statistics recommends that comparisons between 2011 BRFSS data and earlier years be made with caution. Statistical differences between 2011 and earlier years may be due to methodological changes, rather than changes in opinion or behavior.

## Demographics of Barre Health District\*

The next few pages describe the demographic makeup of Barre area adults in 2011-2012.

More than half of Barre adults are female. Nearly three-quarters of adult Barre residents are 25-64, with two in ten ages 65 and older.

- Barre residents are significantly more likely than Vermont adults overall to be 45-64 (43% vs. 38%) and less likely to be 18 to 24 (8% vs. 13%).

About a third of Barre area adults has a college degree or higher.

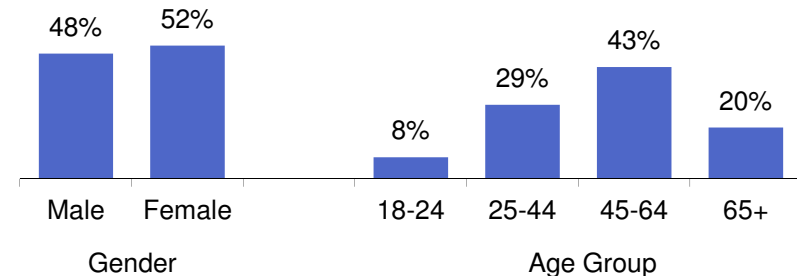
- Barre adults report similar a similar education distribution as those in Vermont overall.

About half of Barre adults live in a home making \$50,000 or more annually, a significantly higher rate than that among Vermont adults (52% vs. 47%).

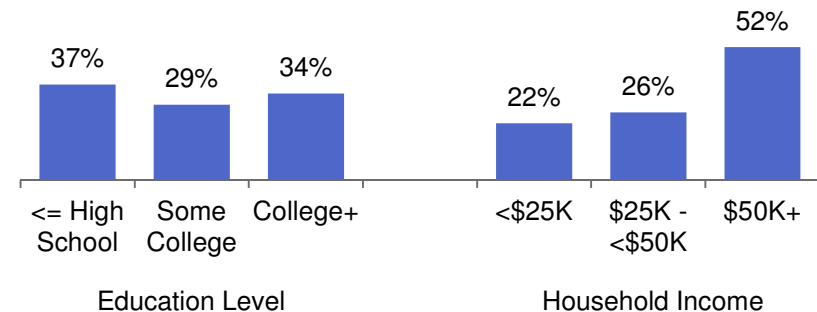
- Barre adults are also significantly less likely than Vermont adults overall to live in homes making less than \$25,000 per year (22% vs. 26%).

Four percent of adults in the Barre area report being a racial or ethnic minority. This is statistically similar to the five percent reported among Vermont adults overall.

**Barre Residents  
by Gender and Age**



**Barre Residents  
by Socio-Economic Status**



\*See page 27 for a list of the towns included in the Barre Health District.



## Demographics of Barre Health District

Almost two-thirds of Barre adult residents are currently employed, while about one in six is retired. Eight percent said they are a student or homemaker, and six percent or fewer each said they are unemployed or unable to work.

- Barre area adults reported a similar employment distribution to Vermont adults overall.

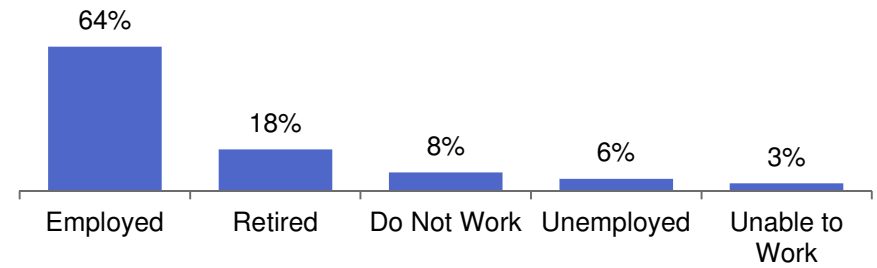
Nearly six in ten Barre adults are married. About one in six have never married, while thirteen percent are divorced. Six percent or fewer each are widowed or part of an unmarried couple.

- Adults in the Barre area reported similar rates by marital status, as compared with Vermont adults overall.

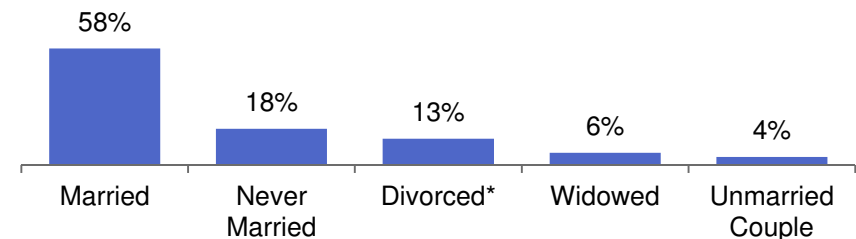
Two-thirds of adults in the Barre area said there are no children less than 18 in their home. Five percent reported having three or more children.

- The number of children in the home reported by Barre area adults was similar to that for Vermont overall.

**Barre Residents  
by Employment Status**

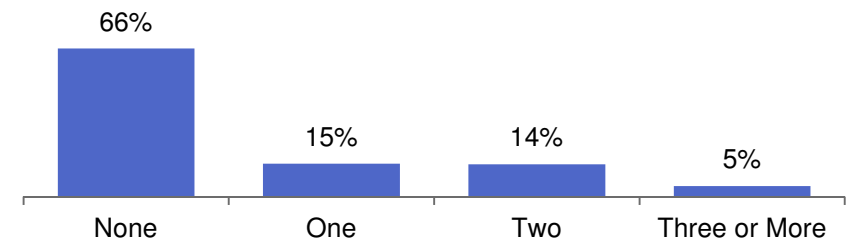


**Barre Residents  
by Marital Status**



\*Includes those who reported their marital status as divorced or separated.

**Barre Residents  
by Children in Household**

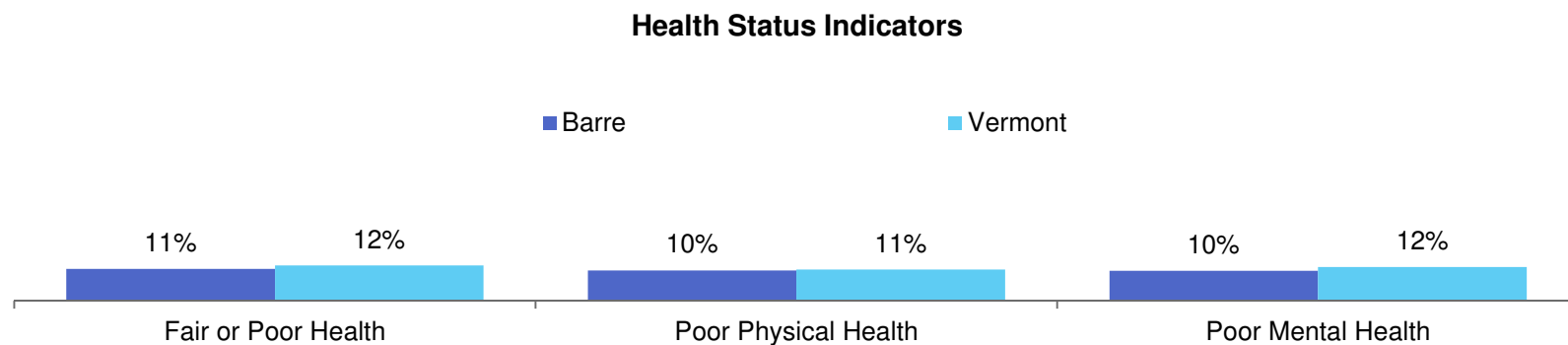


## Health Status Indicators

In 2011-2012, one in nine Barre area adults reported being in fair or poor general health. One in ten each reported having poor physical health and poor mental health.

- Poor mental and physical health were defined as 14 or more days of poor mental/physical health in the last month.

There are no statistically significant differences in health status, regardless of the measure, when comparing Barre area adults and Vermont adults overall.



# Health Status Indicators

Rates of poor general health, poor physical health, and poor mental health among Barre adults do not differ significantly by gender.

Among Barre adults, reported poor mental health decreases with age.

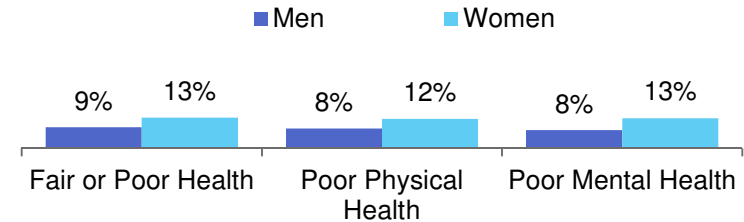
- Adults 65 and older are significantly less likely to report poor mental health compared with those 18 to 44.

There are no statistical differences in fair or poor general health or poor physical health by age.

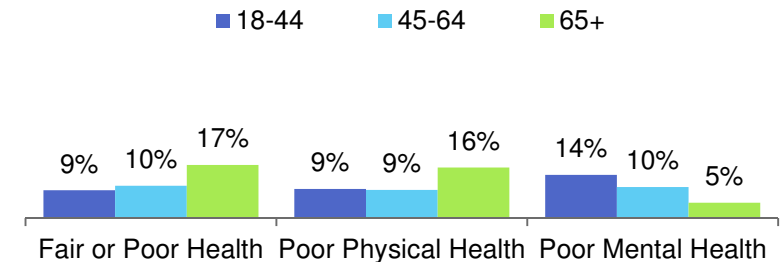
Poor health, regardless of the indicator, among Barre area adults decreases with increasing annual household income.

- Adults in homes making less than \$25,000 per year are significantly more likely to report fair or poor general health and poor mental health than those in homes making \$25,000 or more.
- Adults in homes making less than \$25,000 annually are significantly more likely than those in homes making \$50,000 or more to have poor physical health (20% vs. 5%).

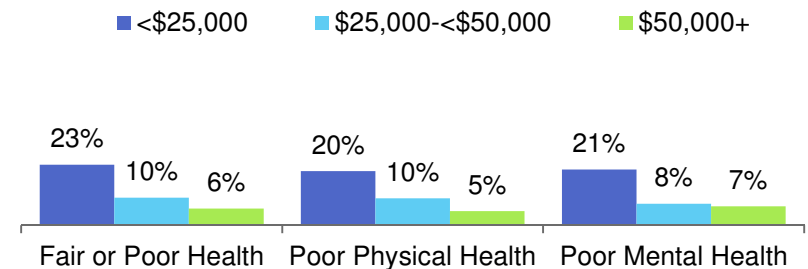
**Health Status Indicators by Gender  
Barre Adults**



**Health Status Indicators by Age**



**Health Status Indicators by Income Level**

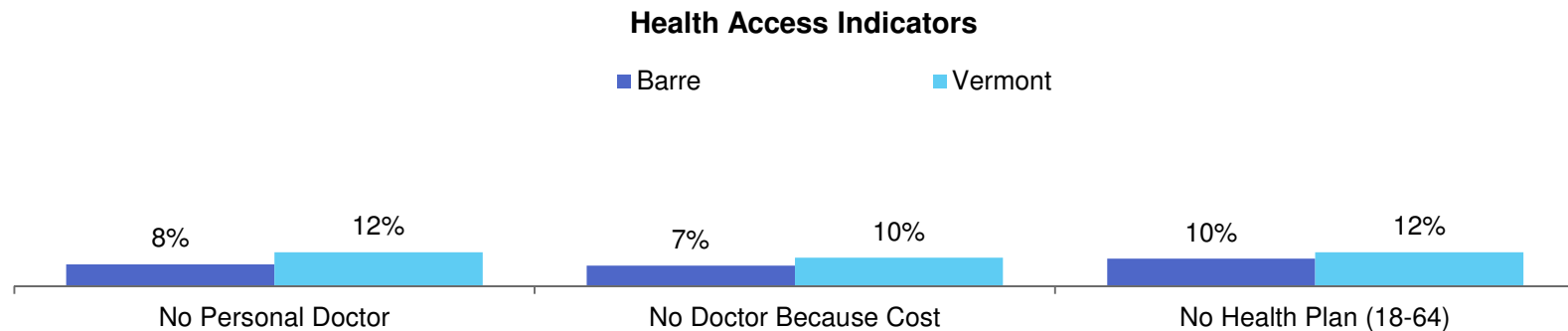


## Health Access Indicators

In 2011-2012, one in twelve adults in the Barre area said they do not have a personal doctor for health care. One in fourteen said they needed care in the last year but did not seek it due to the cost. Among Barre area adults ages 18-64, ten percent said they do not have health insurance.

When compared with Vermonters overall, Barre area adults report significantly lower rates of not having a personal doctor (8% vs. 12%) and not seeing a doctor due to cost (7% vs. 10%).

There are no differences in health plan coverage for adults 18-64, when comparing Barre adults with Vermonters overall.





## Health Access Indicators

There are no statistically significant differences by gender in any health care access measure, among Barre area adults.

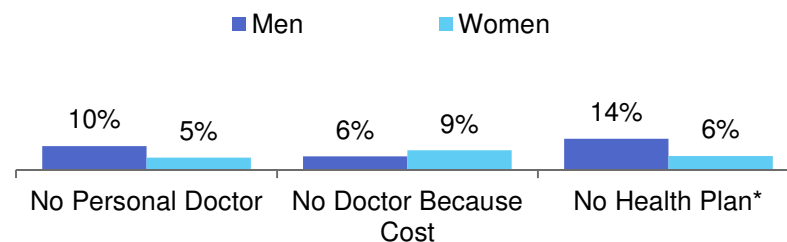
Poor health care access decreases with increasing age.

- Barre adults 18-44 are significantly more likely than those 45 and older to not have a personal doctor.
- There are no statistical differences in delaying care due to cost or having a health plan by age.

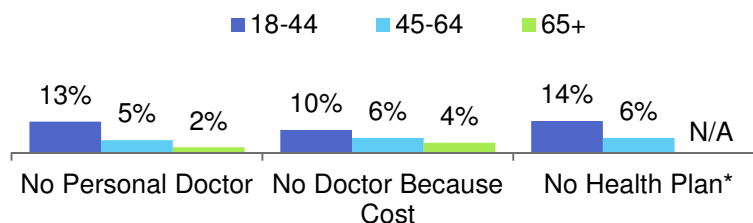
Adults in the Barre area who have higher annual household incomes are less likely to report poor health care access, regardless of the indicator.

- Adults living in homes with the highest incomes, \$50,000 or more, are significantly less likely to delay care due to cost or to not have a health plan than those in homes with less income.
- There are no significant differences in not having a personal doctor by annual household income level.

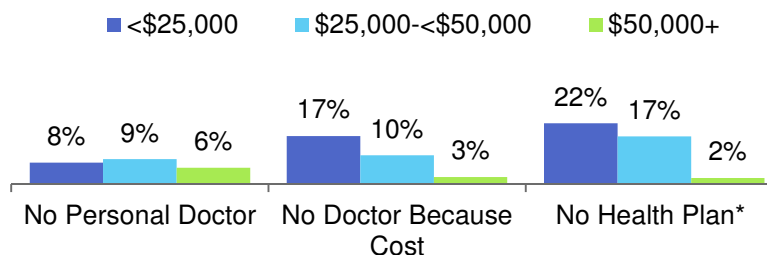
**Health Access Indicators by Gender  
Barre Adults**



**Health Access Indicators by Age**



**Health Access Indicators by Income Level**



\*Limited to adults 18-64.

## Disability

Less than a quarter of Vermont adults reported having a disability (21%) in 2012, which is similar to the 22% reported among adults in the Barre area.

- Disability was defined as having activity limitations due to physical, emotional or mental problems OR any health problem that requires use of special equipment.

Men and women in the Barre area report being disabled at the statistically similar rates.

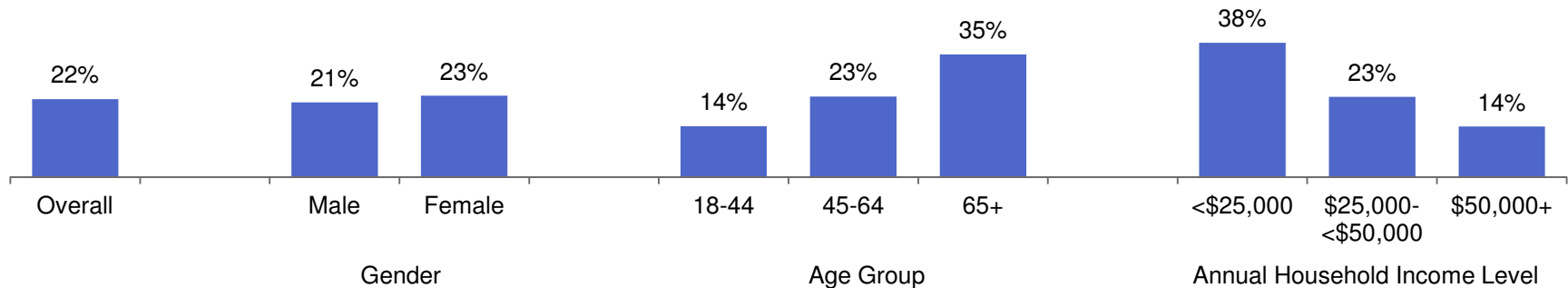
Reported disability among Barre adults increases with increasing age.

- Adults 65 and older are significantly more likely to report disability than those 18-64.

Barre area adults with lower annual household incomes are more likely to be disabled.

- Adults living in homes making less than \$25,000 per year are significantly more likely than those in homes making \$25,000 or more to be disabled.

**Disability, Overall and by Sub-groups  
Barre Adults**



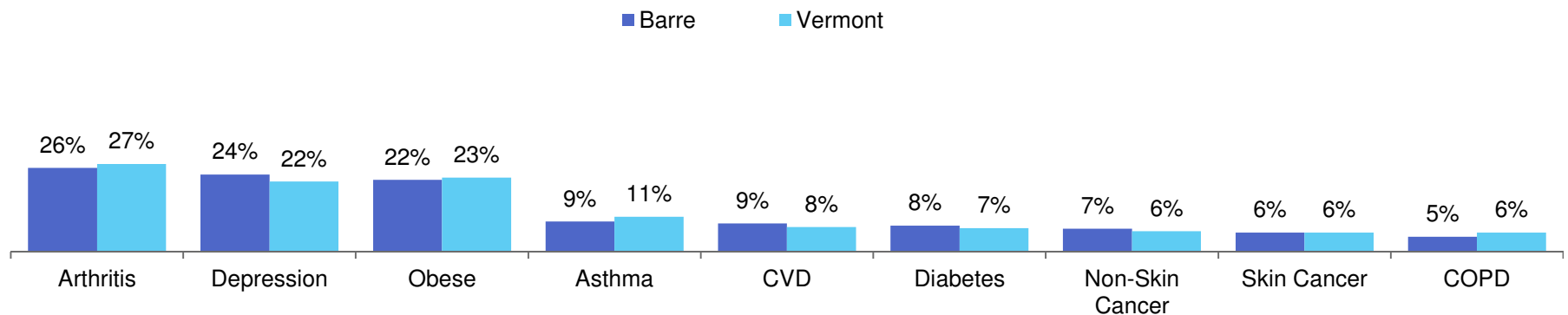
## Chronic Conditions

About a quarter of Barre adults reported having arthritis, a depressive disorder, or obesity.

Less than one in ten Barre adults reported ever being diagnosed with asthma, cardiovascular disease, diabetes, a non-skin cancer, skin cancer, and COPD.

Barre area and Vermont adults reported similar rates for all chronic conditions, regardless of the measure.

**Prevalence of Selected Chronic Conditions**



CVD = cardiovascular disease.

Obesity data is limited to adults 20 and older and is age-adjusted to the U.S. 2000 population.

## Chronic Conditions

There are no statistically significant differences by gender in the prevalence of arthritis, depressive disorders, obesity and asthma, among Barre area adults.

Arthritis prevalence among Barre adults increases with increasing age.

- All differences by age are statistically significant.

Depressive disorders are significantly more likely to be reported among those 45 to 64 than those 65 and older (25% vs. 16%).

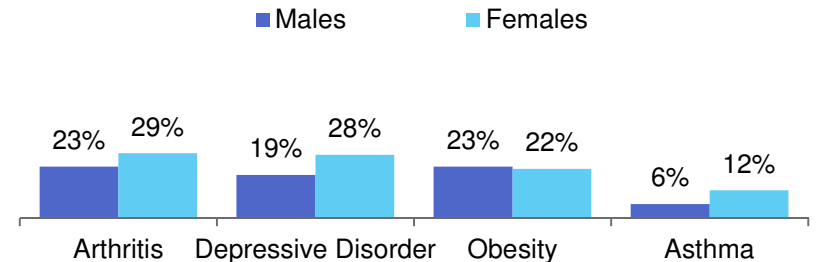
There are no differences in obesity and asthma prevalence by age.

The prevalence of arthritis, depressive disorders, and asthma among Barre adults all decrease as reported annual household income increases.

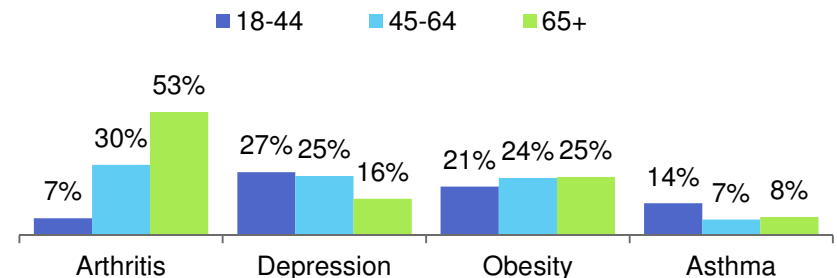
- Arthritis prevalence is significantly lower among those in homes making \$50,000 or more compared to those in homes with less income.
- Adults in homes making \$50,000 or more are significantly less likely to report a depressive disorder than those in homes making less than \$25,000 per year (17% vs. 38%).
- Asthma is also significantly less likely to be reported among those in homes making \$50,000 or more compared with those whose income is less than \$25,000 (6% vs. 16%).

There are no statistically significant differences in the prevalence of obesity by annual household income level.

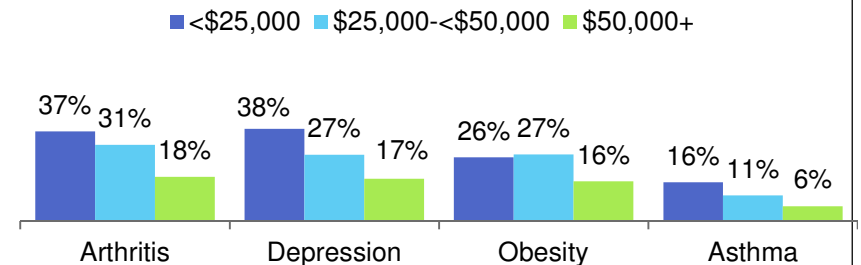
**Chronic Conditions by Gender  
Barre Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**



Note: Obesity data are for adults 20 and older and, except that by age, are age adjusted to U.S. 2000 standard population.

## Chronic Conditions

There are no statistically significant differences by gender for the prevalence of cardiovascular disease, diabetes, and COPD among Barre adults.

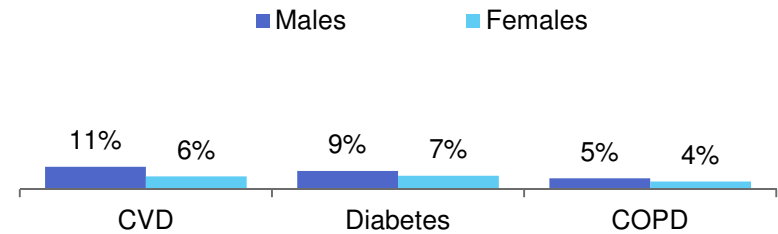
Reported cardiovascular disease, diabetes and COPD among Barre area adults all increase as age increases.

- Barre adults 65 and older are significantly more likely to report COPD than those 18-64.
- Adults 65 and older are also significantly more likely to report cardiovascular disease than those 45-64 (23% vs. 9%).
- Barre adults 45 and older are significantly more likely to report diabetes than those 18-44.

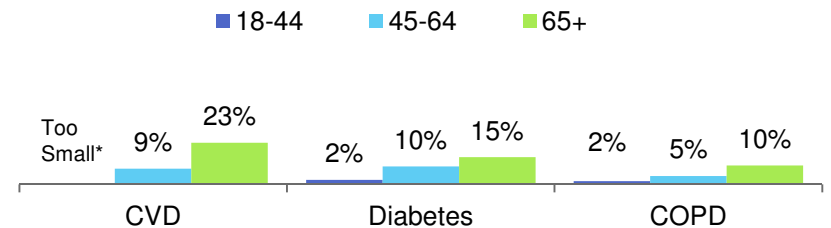
Barre area adults living in homes with less income are more likely to say they have a cardiovascular disease, diabetes, and COPD.

- Those in homes making less than \$50,000 per year are significantly more likely than those in homes with more income to report cardiovascular disease.
- Adults in homes making less than \$25,000 per year, are significantly more likely than those in homes making at least \$50,000 per year to have diabetes.
- There are no statistical differences in COPD prevalence by annual household income level.

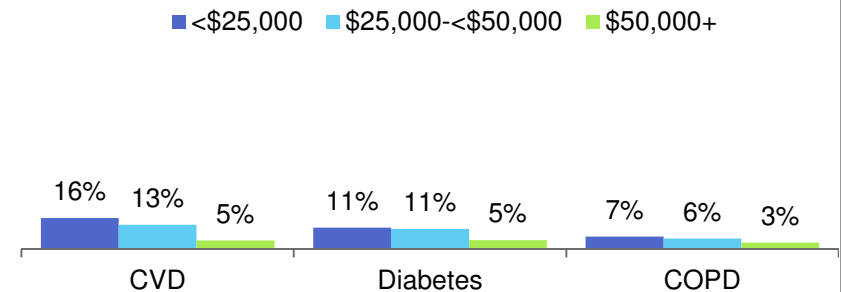
**Chronic Conditions by Gender  
Barre Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**



\*Sample size is too small to report

## Chronic Conditions

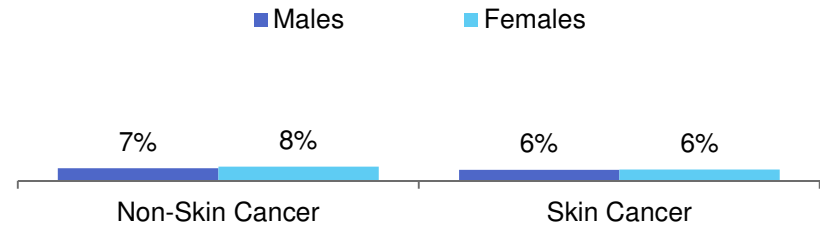
There are no significant differences in skin or non-skin cancer prevalence by gender, among Barre area adults.

The prevalence of both skin cancer and non-skin cancers increases with increasing age.

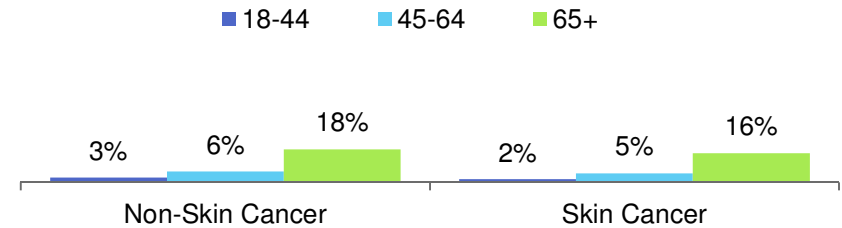
- Adults 65 and older are significantly more likely than those 18-64 to report both skin cancer and non-skin cancers.

There are no statistical differences by annual household income level in the prevalence of non-skin cancer or skin cancer, among Barre adults.

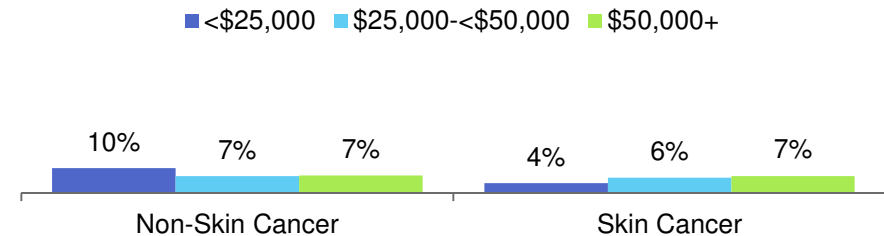
**Chronic Conditions by Gender  
Barre Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**





## Risk Behaviors

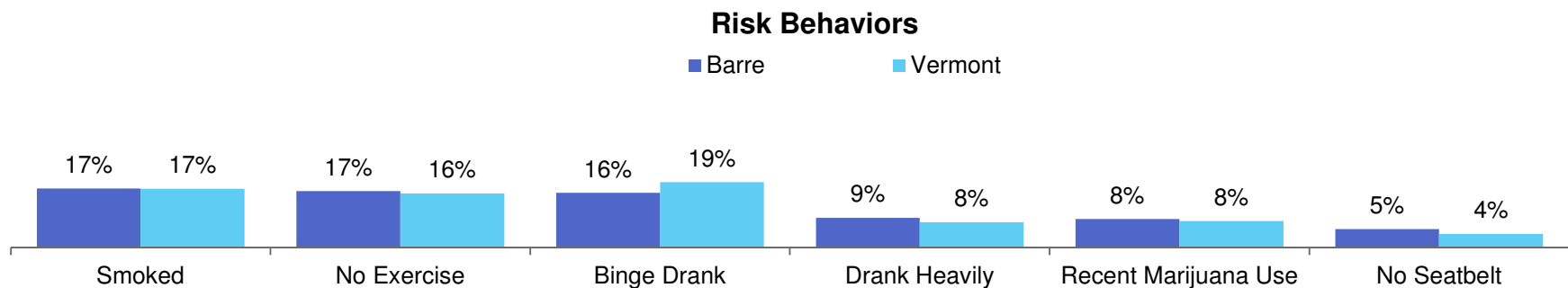
In 2011-2012, seventeen percent of Barre area adults said they currently smoke or do not participate in any physical activity. Of smokers, 63% said they tried to quit at least once in the last year.

About one in six said they binge drank in the last month, while just less than one in ten said they heavily drank.

- Binge drinking was defined as five or more drinks in one sitting for men and four or more drinks for women. Heavy drinking was defined as more than two drinks per day for men and more than one for women.

Fewer than one in ten said they recently used marijuana or wear their seatbelt seldom to never.

Barre area and Vermont adults had similar risk factor prevalences for all measures.



Note: Smoking and exercise data are age adjusted to the U.S. 2000 standard population.

## Risk Behaviors

There are no statistically significant differences by gender, among Barre area adults, in smoking and not participating in physical activity.

Among adults in the Barre area, smoking rates decrease with increasing age.

- Adults 65 and older have the lowest smoking rates and are significantly less likely to report smoking than those 18-64.

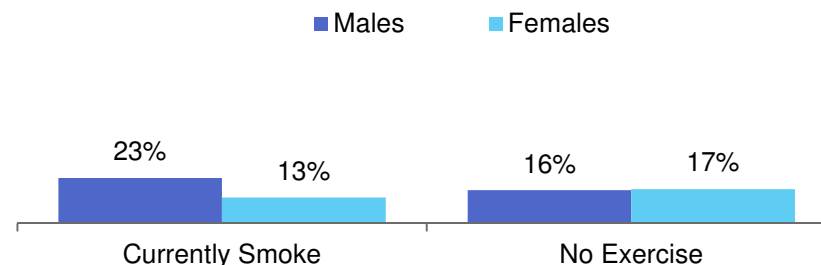
Conversely, not participating in physical activity increases with increasing age.

- Adults 65 and older are significantly more likely to not participate in physical activity than those 18-64.

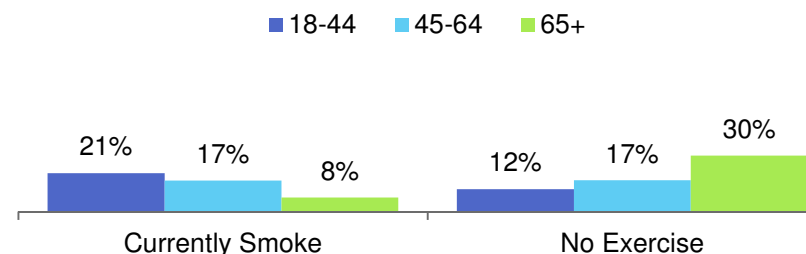
Barre area adults in homes with more income are less likely to currently smoke and less likely to not participate in physical activity.

- Adults in homes making \$50,000 or more are significantly less likely to smoke than those in homes making less than \$25,000 annually (15% vs. 32%).
- Barre adults in homes making \$25,000 or more are also significantly less likely to report not participating in any physical activity as compared with those in homes with less income.

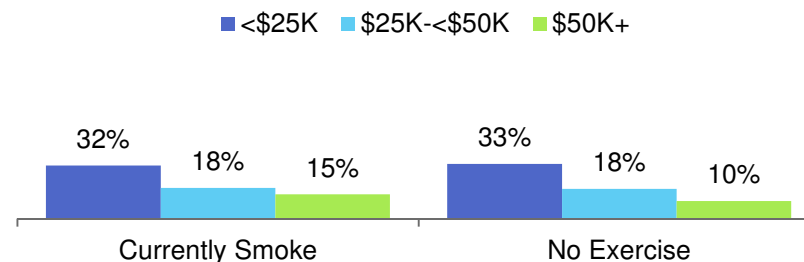
**Risk Behaviors by Gender  
Barre Adults**



**Risk Behaviors by Age**



**Risk Behaviors by Income Level**



Note: Smoking and physical activity data, except that by age, are age-adjusted to the U.S. 2000 population.

## Risk Behaviors

Two in ten men in the Barre area said they binge drank in the last month. This is significantly higher than the 12% reported among women.

Barre area men are also significantly more likely to report recent marijuana use as compared to women (13% vs. 4%).

There is no statistically significant difference by gender in heavy drinking prevalence.

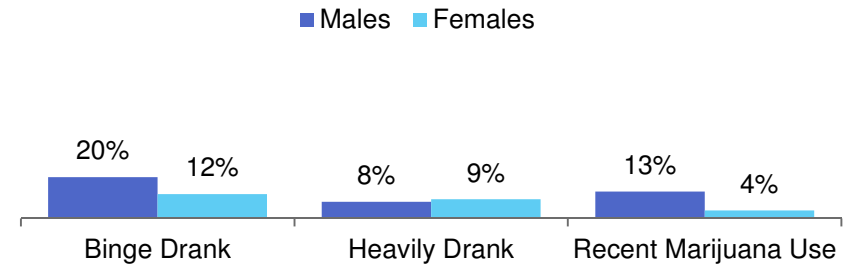
Binge drinking and recent marijuana use decrease with increasing age.

- Barre adults 65 and older are significantly less likely than those 18-64 to report binge drinking and recent marijuana use.

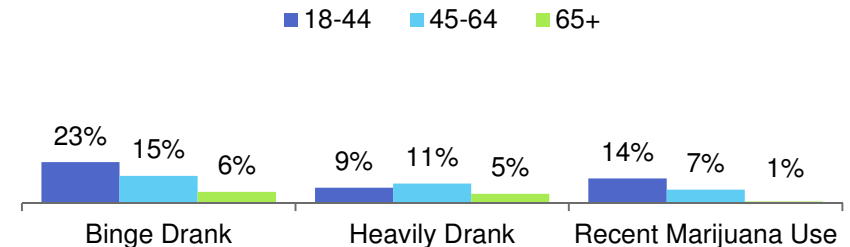
There are no significant differences by age in heavy drinking.

Binge drinking, heavy drinking and recent marijuana use do not vary significantly by annual household income level.

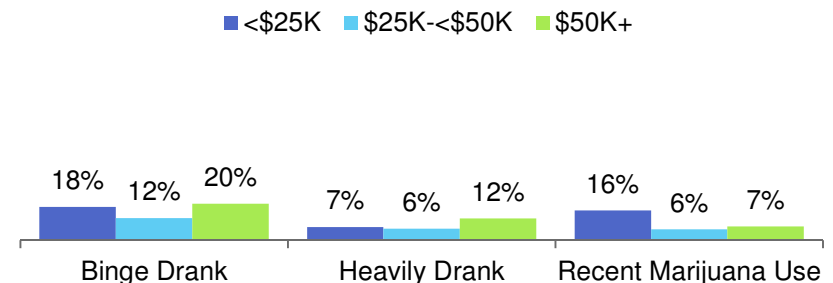
**Risk Behaviors by Gender  
Barre Adults**



**Risk Behaviors by Age  
Barre Adults**



**Risk Behaviors by Income Level  
Barre Adults**

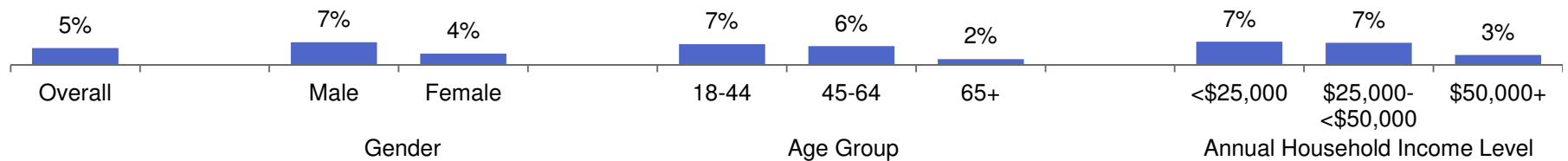


## Risk Behaviors

Overall, one in twenty adults in the Barre area said they seldom or never wear a seatbelt when riding or driving in a car. This is statistically similar to the four percent of Vermont adults who reported the same.

Adult non-use of seatbelts in the Barre area does not differ by sex, age, or annual household income level.

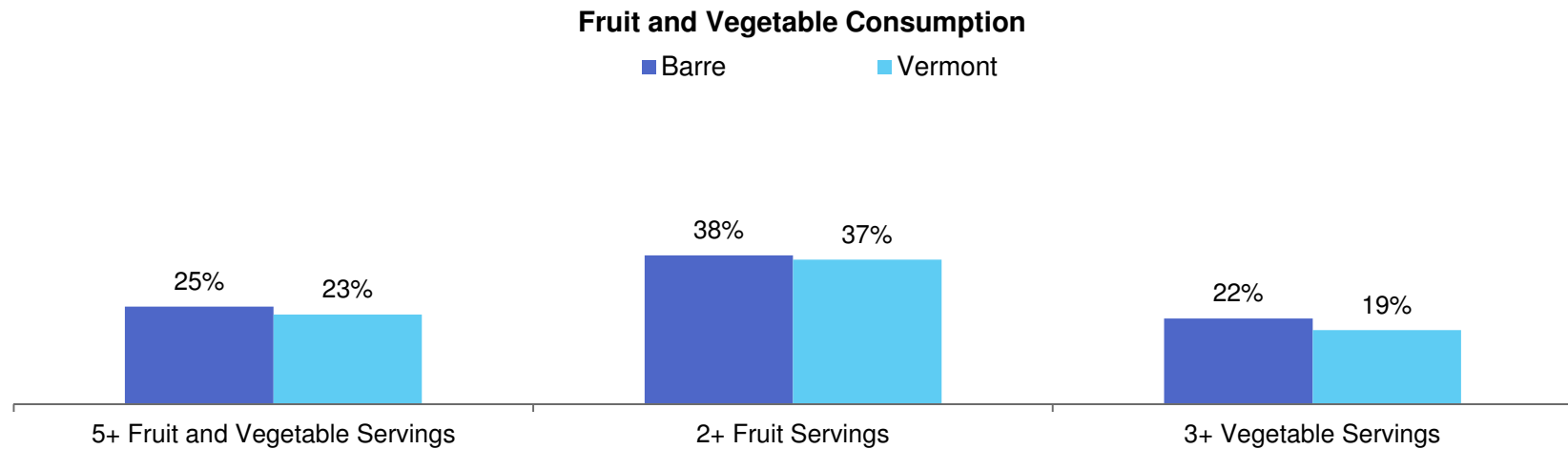
**Seldom or Never Wear Seatbelt, Overall and by Sub-groups  
Barre Adults**



## Preventive Behaviors

In 2011, a quarter of Barre area adults reported eating the recommended five or more fruit and vegetable servings per day. About four in ten ate two or more fruits and 22% reported eating three or more vegetable servings.

Barre area adult consumption of fruits and vegetables was statistically similar to that among Vermont adults overall.



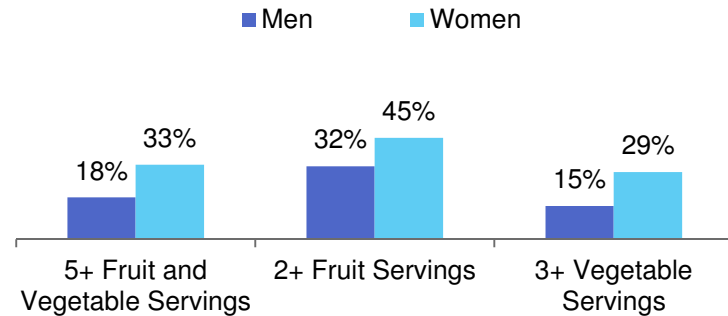
## Preventive Behaviors

Women in the Barre area eat more fruits and vegetables than men.

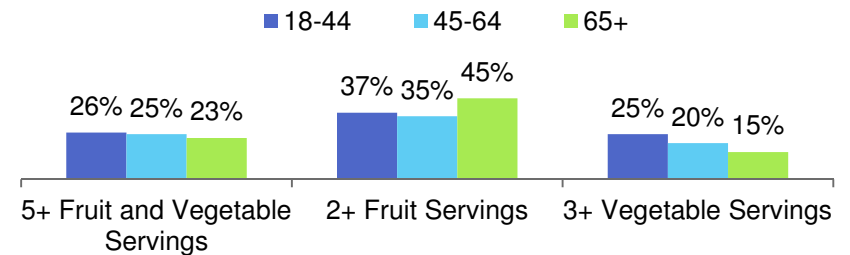
- A third of women said they eat five or more fruit and vegetable servings. This is significantly higher than the 18% reported by men.
- Women are also significantly more likely than men to eat three or more vegetables per day (29% vs. 15%).
- There are no statistical differences in fruit consumption by gender.

There are no differences in fruit and vegetable consumption by age or annual household income level, among Barre area adults.

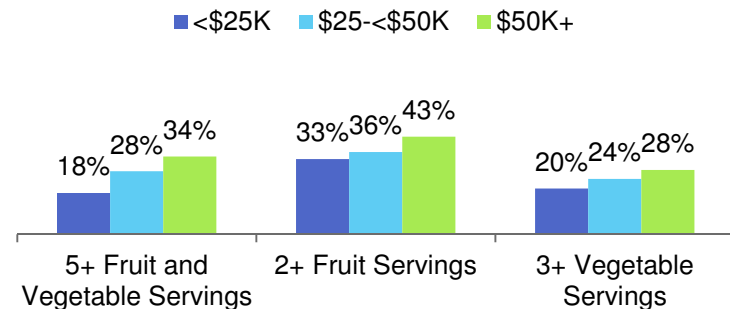
**Preventive Behaviors by Gender  
Barre Adults**



**Preventive Behaviors by Age**



**Preventive Behaviors by Income Level**



Note: Fruit and vegetable data, except that by age, are age adjusted to the U.S. 2000 standard population.



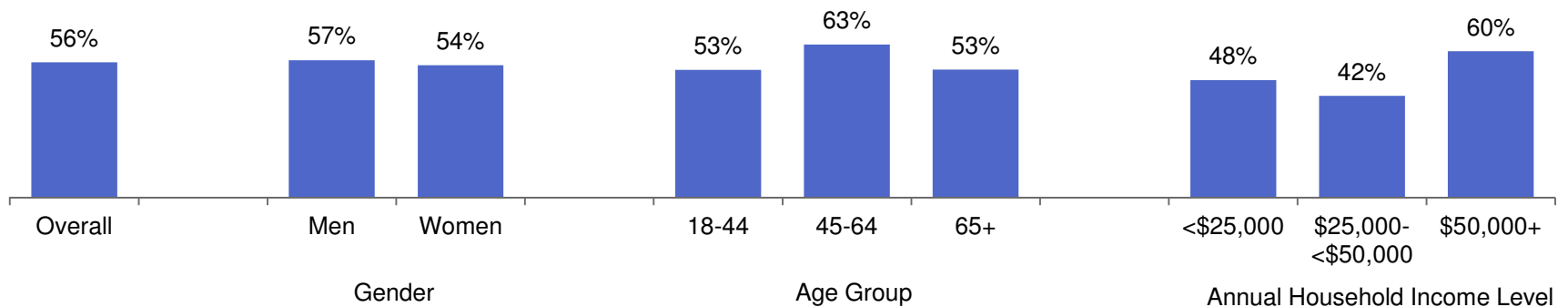
## Preventive Behaviors

In 2011, about six in ten (59%) Vermont adults reported meeting physical activity recommendations\*. This is similar to the 56% reported among Barre area adults.

Men and women in the Barre area reported meeting physical activity recommendations at statistically similar rates, 57% for men and 54% for women.

There are also no differences in meeting physical activity recommendations by age or annual household income level.

**Met Physical Activity Recommendations, Overall and by Sub-groups  
Barre Adults**



\*For adults, the CDC currently recommends they participate in 150 minutes of moderate physical activity or 75 minutes of vigorous activity per week. Strength building activities are recommended at least two times per week. For more information see:

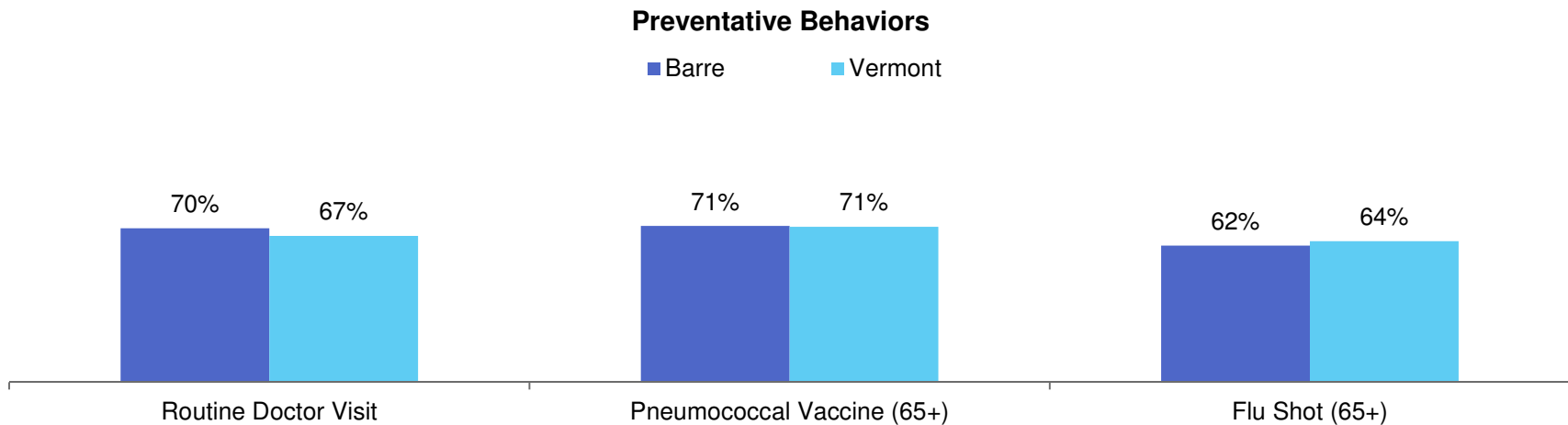
[www.cdc.gov/physicalactivity/everyone/guidelines/index.html](http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html)

## Preventive Behaviors

Seven in ten adults in the Barre area said they saw their doctor for a routine visit in the previous year. This was similar to the 67% reported among all Vermont adults.

About seven in ten Barre area adults ages 65 and older have ever gotten a pneumococcal vaccine. Fewer, 62% reported having a flu shot in the last year.

- Vermont adults, ages 65 and older reported getting pneumococcal and flu shot vaccines at similar rates to Barre adults, 71% and 64%, respectively.



## Preventive Behaviors

Among Barre area adults, women 65 and older are significantly more likely to have had a pneumococcal vaccine, compared with men (80% vs. 61%).

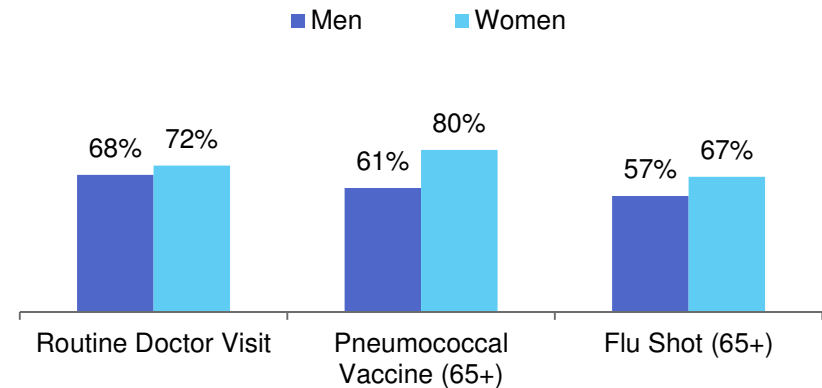
There are no significant differences by gender for routine medical visits or receipt of an annual flu vaccine.

Routine visits to the doctor in the last year increase with age.

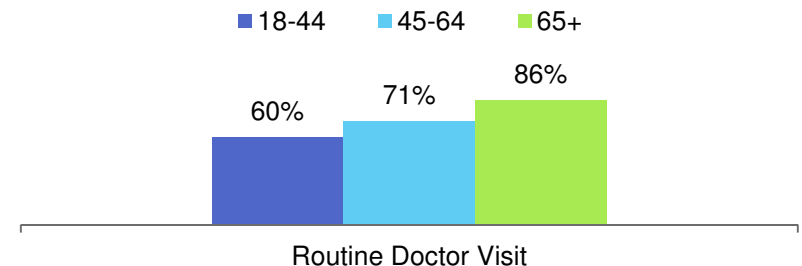
- Adults 65 and older are significantly more likely to have had a routine doctor visit than those in younger age groups.

There are no differences, among Barre area adults, in the occurrence of routine doctor visits, pneumococcal or flu shot vaccinations by annual household income level.

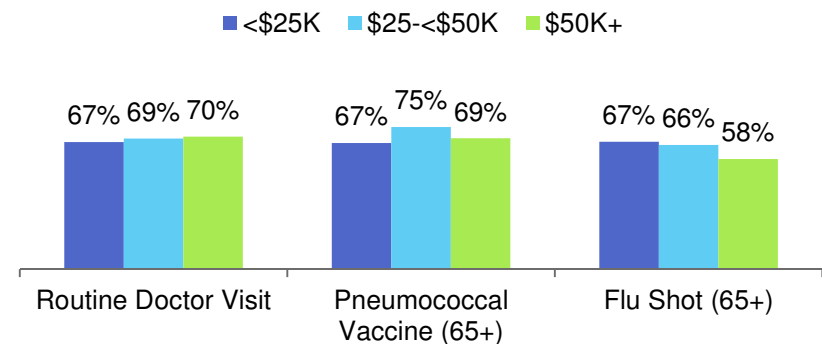
**Preventive Behaviors by Gender**  
**Barre Adults**



**Preventive Behaviors by Age**



**Preventive Behaviors by Income Level**



## HIV Screening

In 2011-2012, more than three in ten Barre area adults had ever been tested for HIV. This is statistically similar to the 30% reported among Vermont adults overall.

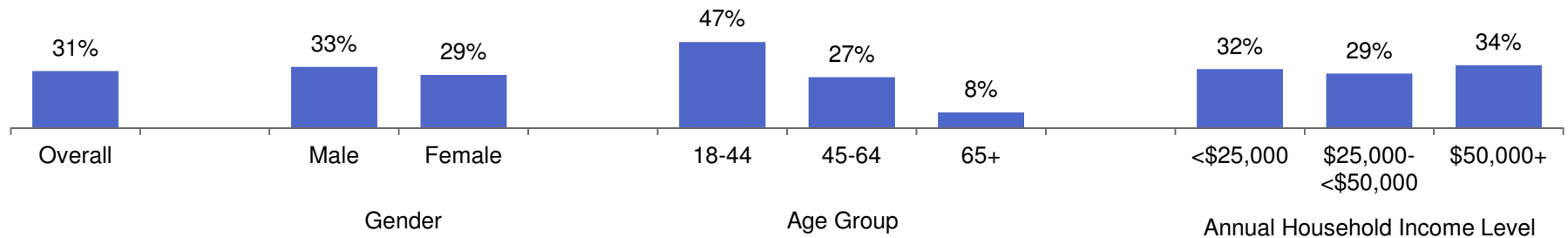
Men and women in the Barre area report HIV testing at similar rates.

Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- All differences by age are statistically significant.

There are no differences, among adults in the Barre area, in HIV testing by annual household income level.

**Ever Had HIV Test, Overall and by Sub-Groups  
Barre Adults**



## Cancer Screening

In 2012, nearly nine in ten (88%) women ages 50-74 in the Barre area reported meeting breast cancer screening recommendations. This is similar to the 82% among all Vermont women in this age group.

- The breast cancer screening recommendation is a mammogram every two years.

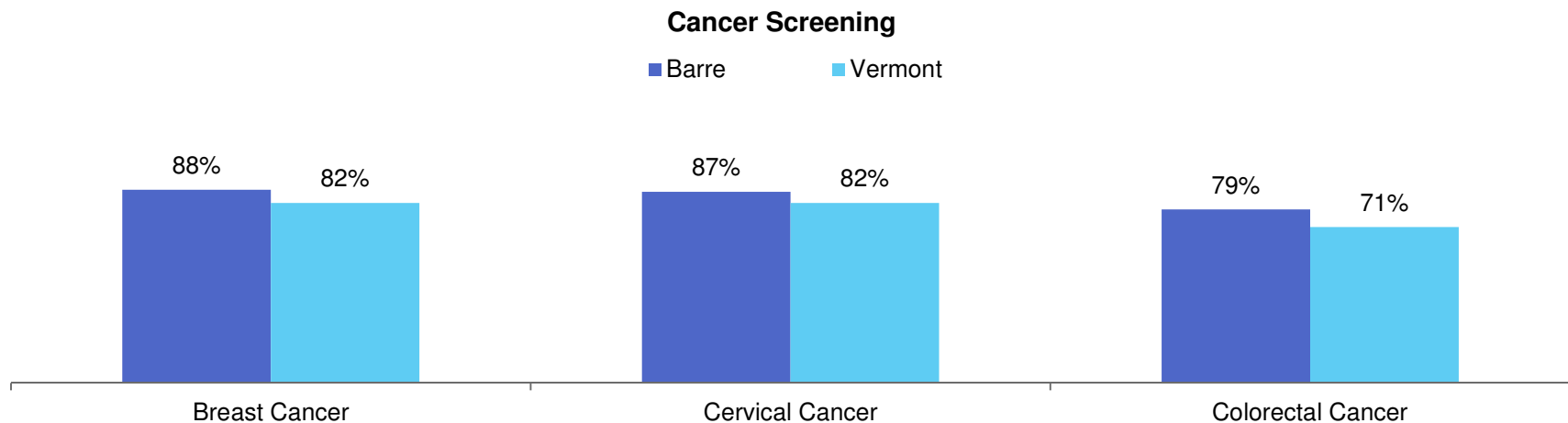
Eighty-seven percent of women 21 and older who live in the Barre area met cervical cancer recommendations, statistically similar to the 82% among Vermont women of the same age.

- Cervical cancer screening recommendations are for a PAP test every three years, and excludes women who have had a hysterectomy.

Among adults 50 to 75 living in the Barre area, roughly eight in ten (79%) met colorectal cancer screening recommendations. This is significantly higher than the 71% reported by all Vermonters of the same age.

- Recommendations for screening for colorectal cancer are: a fecal occult blood test (FOBT) annually OR sigmoidoscopy ever five years and FOBT every three years OR colonoscopy ever ten years.

Data on cancer screenings are not broken out by subgroup as the screening recommendations are already limited by age and/or gender.



## Community Safety and Resources

About six in ten Barre area adults said they use community resources for physical activity (e.g. parks, playgrounds and sports fields). This is statistically similar to the 58% reported among Vermont adults.

Men and women in the Barre area use physical activity community resources at similar rates.

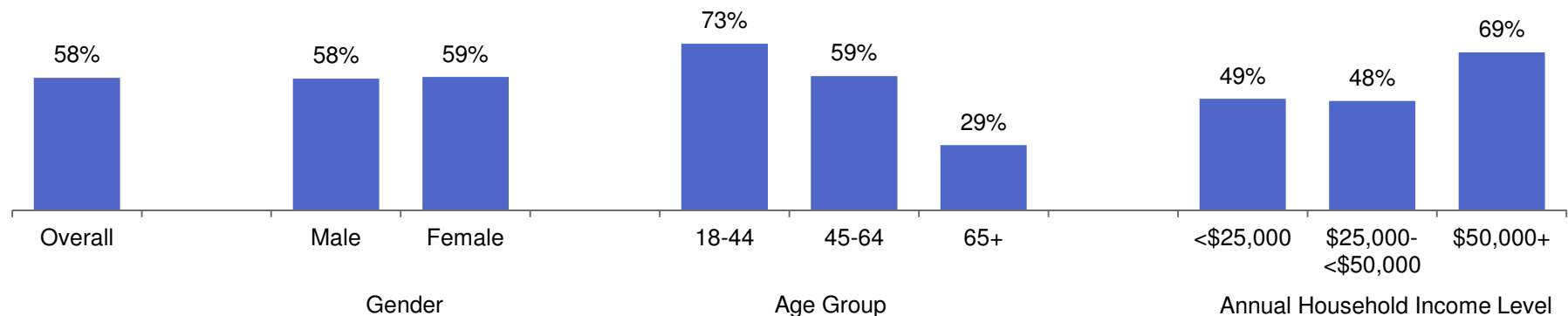
Use of community resources for physical activity decreases with increasing age.

- All differences, among Barre adults, are significant by age.

Barre area adults' use of community resources for physical activity is highest among those with the most income.

- Adults in homes making \$50,000 or more annually are significantly more likely to use community resources for physical activity than those in homes with less income.

**Use Community Resources for Physical Activity, Overall and by Sub-Groups  
Barre Adults**





## Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

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Additional sub-state level data can be found on the Vermont Department of Health website

<http://healthvermont.gov/hv2020/index.aspx>

Towns included in the Barre Health District are: Braintree, Brookfield, Orange, Washington, Williamstown, Barre City, Barre Town, Berlin, Cabot, Calais, Duxbury, East Montpelier, Fayston, Marshfield, Middlesex, Montpelier, Moretown, Northfield, Plainfield, Roxbury, Waitsfield, Warren, Waterbury, and Worcester.